

CERTIFICATE OF DEATH

MAR 01 2017
REGISTRATION 072-00
DISTRICT NO.

LOCAL NO.

COUNTY OF DEATH Perquimans

STATE FILE NO. 17-012815

DECEDENT

TYPE/PRINT IN
PERMANENT
BLACK, BLUE-
BLACK OR
BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST Tamela aka

1b. MIDDLE Maravene aka

1c. LAST aka

Miller

1d. SUFFIX

1e. LAST NAME PRIOR TO FIRST MARRIAGE

Willis

NAME OF DECEASED (For use by Physician, Institution or Medical Examiner)

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

 Inpatient ER/Outpatient DOA Hospice facility Nursing home/Long term care facility Decedent's home Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)

7d. CITY OR TOWN

7e. COUNTY OF DEATH

Hertford Manor

Hertford

Perquimans

8. MARITAL STATUS

 Married Married, but separated Divorced Never married Widowed Unknown

9. SURVIVING SPOUSE (Give name prior to first marriage)

10a. DECEASED'S USUAL OCCUPATION (Do not use retired)

10b. KIND OF BUSINESS/INDUSTRY

Homemaker

Own Home

11. SOCIAL SECURITY NUMBER

12a. RESIDENCE-STATE OR FOREIGN COUNTRY

12b. COUNTY

12c. CITY OR TOWN

NC

Perquimans

Hertford

12d. STREET AND NUMBER

464 Two Mile Desert Road

12e. INSIDE CITY LIMITS

12f. ZIP CODE

13. WAS DECEASED EVER IN U.S. ARMED FORCES?

 Yes No

27944

 Yes No

14. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)

 8th grade or less 9th-12th grade; no diploma High school graduate or GED completed Some college credit, but no degree Associate degree (e.g., AA, AS) Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLD, JD)

15. DECEASED'S HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)

 No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino (Specify)

16. DECEASED'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

 White Black or African American American Indian or Alaska Native (Name of the enrolled or principal tribe) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander (Specify) Asian Indian Japanese Chinese Korean Filipino Vietnamese

PARENTS

17. FATHER'S NAME (First, Middle, Last)

Kenneth Willis

18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

Sydney Creasy

DISPOSITION

19a. INFORMANT'S NAME

Robin A. Sawyer

19b. RELATIONSHIP TO DECEASED

Son

19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

105 Beech Lane, Washington, NC 27889

20a. METHOD OF DISPOSITION Burial Cremation Donation Entombment Removal from State Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

Medcure

20c. LOCATION (City or Town and State)

Orlando, FL

21a. SIGNATURE OF FUNERAL DIRECTOR

21b. LICENSE NUMBER

FS 18

21c. NAME OF EMBALMER

21d. LICENSE NUMBER

22. NAME AND ADDRESS OF FUNERAL HOME

Twiford Funeral Homes, Elizabeth City, 405 E. Church Street, Elizabeth City, NC 27909

MEDICAL CERTIFICATION

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.

Approximate interval: Onset to death

IMMEDIATE CAUSE

(Final disease or condition resulting in death)

→ *Brain metastases*

1 yr

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

Due to (or as a consequence of)

b. *Cervical carcinoma*

6 yrs

Due to (or as a consequence of)

c. _____

Due to (or as a consequence of)

d. _____

Due to (or as a consequence of)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

COPD *Serve Edema*24a. WAS AN AUTOPSY PERFORMED? Yes No24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

25. MANNER OF DEATH

 Natural Homicide Accident Pending Suicide Cannot be determined26a. WAS CASE REFERRED TO MEDICAL EXAMINER? Yes No26b. IF YES Declined by Medical Examiner

27. TIME OF DEATH (Approximate)

10:43 am

28. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown

29. IF FEMALE:

 Pregnant at time of death Not pregnant within past year Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

30. DATE PRONOUNCED

31a. DATE OF INJURY (Month/Day/Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? Yes No

31d. PLACE OF INJURY-at home, farm, street, factory, office, building, etc.

31e. IF TRANSPORTATION INJURY SPECIFY:

 Driver/Operator Passenger Pedestrian Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)

Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER (Print legibly)

33b. LICENSE NUMBER

33c. DATE SIGNED (Month/Day/Year)

LISA M. WARD MD

9401086

Feb 22 2017

34. FOR LOCAL REGISTRAR (Name)

35. DATE REGISTERED (Month/Day/Year)

R. Battle Betts, Jr., MPA

02.22.2017

MAR 27 2017

DATE CORRECTED (Mo/Day/Yr)

ITEM(S) CORRECTED:

DATE AMENDED (Mo/Day/Yr)

ITEM(S) AMENDED: